

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

Randolph Smith

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

O/c J. J. Smith, Sgt. V. J. Smith  
O/c Gec, O/c Noses

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)*

**Complaint for Violation of Civil Rights**

(Prisoner Complaint)

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
(check one)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Randolph Smith (Eugene)

All other names by which you have been known:

Randolph Eugene Smith

ID Number

4575

Current Institution

Florence County Detention Center

Address

Florence County Detention Center  
6719 Friendfield Rd  
Effingham, SC 29541**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

Ofc JacksonJob or Title  
(if known)Officer

Shield Number

Employer

Address

6719 Friendfield Rd  
Effingham, SC 29541

Individual capacity



Official capacity

**Defendant No. 2**

Name

Ofc Vasquez

Job or Title Officer  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address 6719 FriendField Rd  
Effingham, SC 29541  
☒ Individual capacity ☐ Official capacity

## Defendant No. 3

Name Ofc Gee  
Job or Title Classification Officer  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address 6716 FriendField Rd  
Effingham, SC 29541  
☒ Individual capacity ☐ Official capacity

## Defendant No. 4

Name Office Moses  
Job or Title Officer  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address 6716 FriendField Rd  
Effingham SC 29541  
☒ Individual capacity ☐ Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Prison officials violate the Eighth Amendment  
When they act with deliberate indifference to a prison condition  
that exposes a prisoner to an unreasonable risk of serious harm or  
deprives a prisoner of basic human need.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Each prison officials Violate the Eighth Amendment  
By Refusing to place me in a more Sanitize  
Jail cell.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

#### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Aug. 22 2022, In max seg Room 103#  
at about 11:00 pm, Florida County Detention Center

- C. What date and approximate time did the events giving rise to your claim(s) occur?

Aug 22. 2022 - Aug 25. 2022  
11:00pm that night - 25th Aug

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was escorted to Max seg By officer Jackson.  
He took me to Room #103, when I got in  
the Room, It had a Smell, It Smelled Bad



my Stomach Curled, Then He Locked the Door and Left, Sgt Vasquez Came in and turned the Lights ON, I Seen Human Feces everywhere Then She Left, ~~Officer~~ Officer Jackson Came back and took my Jumpsuit with Officer Moses Assist him.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I vomited Several time Before I ate ~~During~~ ~~While i was eating~~ <sup>eat</sup> and after I was eating. The Nurse Said I Shouldnt Be in that Bio hazard Room, Im having Pains in my Right Chest and arm, Im in Pain and I Feel Nauseated, The Air vent, ~~is~~ in layers of human feces, I Also Have Shortness of Breath. These injuries is a Result of Being in that R For 30 days

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Im asking the Court to Help me get Some type Of Reward or Compensation, Like money of 1.6million Dollars As much As you can Help me in my Situation.

#### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

On Aug 22 2022

I was taken to Max Seg and  
Place in a Room that was on quarantine.  
"Ofc Jackson" place me in that Room.  
with Human feces Everywhere. The very next  
Day "Ofc Gee" Seen me in that Room, But  
I didn't Get moved, I Stayed in that Room  
for 3 days, until Lt Reyes Said it was  
an unfit Room, for any human to Be in.  
I'm Suffering Chest pain, and Nauseated daily.  
I told them in the Grievance after i was  
moved that I'm Seeking Compensation of "Three hundred  
Thousand Dollars"; But Since I have to File a  
Law Suit I'm Seeking "1,600,000", Because I  
Cried and Suffer those 3 days, and I'm Still  
Suffering from that Event. The Night I was  
place in that Room. "Sgt Vasquez" Seen me in that  
Room on the Same Night i was place in that Room  
No one Did Nothing; ~~etc~~ Ofc Shelton Said that  
the Shift that place me in that Room Suppose  
to move me. Feces was all over the Ceiling, wall, Bent  
Floor, Mirror, Bunk, and everywhere, "the Cleaning crew"  
Came on my 3<sup>rd</sup> day there, they said it's too much Human  
Waste to Clean up in one day. "Ofc Moses" Seen  
me the Night i got place in there; Also. Didn't Move me.

Even the Nurse Said thats Not Healthy  
For a human to Be in there,

The Man that Been in ~~that~~ Room, for over 6 months  
smear and wipe human waste all over that Room, for Months  
Air vents were Cover Thick Chucks I Couldnt  
See the vent anymore, All I Seen was Feces  
Walls were painted in human Feces, Smelled  
horrible, I vomit uncontrollably.



- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes  
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Florence County Detention Center  
\_\_\_\_\_  
\_\_\_\_\_

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes  
☐ No  
☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes  
☐ No  
☒ Do not know

If yes, which claim(s)?

NA  
\_\_\_\_\_  
\_\_\_\_\_

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes  
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

I File a grievance on the Jail's Kiosk

2. What did you claim in your grievance?

I told them that I was place in a Room for 3 days with Human Feces everywhere in that Room and I see Feces on Ceiling, Vents, Walls, Floor, Bunk, Bench and on toilet and Table. I ask for Relief.

3. What was the result, if any?

"I didn't get no Results" Because who ever Read the Grievance I wrote, They told me to Stop Responding and let the Grievance Close, Because They would Look into it

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

It is Completed, They made me Stop Appealing it By tell me to Stop Appealing

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I was Able to File a Grievance

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I told Officer Gee, He's the Classification officer, He Laughed, I Told every officer that worked in that pod they Say they Couldn't Do any thing about it,

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

They said Stop Answering Back on the Grievance. In other words they told me to Stop and let the Grievance Close

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

**VIII. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. \_\_\_\_\_



7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Sept 28, 2022

Signature of Plaintiff [Signature]

Printed Name of Plaintiff

Randolph Smith

Prison Identification #

4575

Prison Address

Florence County Detention Center

6719 Friend Field RD Effingham SC 29541

City

State

Zip Code

##### B. For Attorneys

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address

Telephone Number

E-mail Address

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